The Fine Art section is further subdivided into three categories—Traditional, Contemporary (Modern), and Portrait. Classification into these categories is done by the judges. There is no restriction on media; oil, tempera, gouache, water colour, charcoal, pencil, or dry brush is acceptable in each.

Each exhibitor may submit up to three entries in Fine Art and Colour Photography and four in Monochrome Photography, and may enter up to the limit in one or more sections. There is no charge. All costs, including transportation to and from Halifax, will be borne by Horner.

Judging and Awards

All accepted entries will be displayed in the Salon and then judged for awards by a competent jury selected by the Art Salon Committee.

To Obtain Entry Form

Any physician or medical undergraduate may obtain an entry form and complete details from the sponsor at P.O. Box 959, Montreal, Que. A short note or post card will bring the form, along with complete instructions on how to prepare and ship your entries.

Art Salon Calendar

The Physicians' Art Salon Calendar, an attractive desk piece based on Salon exhibits, will again be prepared by Frank W. Horner Limited. The calendar reproduces selections from the award winners and is distributed to all physicians in Canada with the compliments of the company.

REDUCED RAILWAY FARES FOR MEETINGS OF THE C.M.A. AND AFFILIATED MEDICAL SOCIETIES

Halifax, N.S., and St. Andrews, N.B.

Arrangements have been completed with the Canadian Passenger Association to permit members and their families to obtain reduced railway fares in travelling to and from the meetings of the Canadian Medical Association and/or affiliated medical societies in Halifax, N.S., and St. Andrews, N.B., in June 1958:

To Halifax: The Canadian Otolaryngological Society, the Canadian Ophthalmological Society, the Canadian Heart Association, the Canadian Academy of Allergy, the Canadian Rheumatism Association, the Canadian Medical Protective Association, the Canadian Association of Radiologists, and the Canadian Psychiatric Association.

To St. Andrews: The Canadian Pædiatric Society; the Society of Obstetricians and Gynæcologists of Canada.

Adult round-trip fares will be available for one and one-half times the normal one-way fare plus 25c. To secure reduced rates, members require a Round Trip Convention Certificate which can be obtained from the General Secretary of the C.M.A. or from the appropriate affiliated medical society.

The dates authorized for the start of the going journey will be as follows:

From stations on Western Lines (all points west of Fort William and Armstrong, Ont.): June 3-19 (inclusive), 1958.

From stations on Eastern Lines (Fort William and Armstrong, Ont., and all points east thereof, except Newfoundland): June 5-21 (inclusive).

From stations in Newfoundland: June 2-18 (inclusive).

This arrangement applies to both railways. A return limit of 30 days applies to these tickets.

LETTERS TO THE EDITOR

APIOL POISONING

To the Editor:

We fully agree with Drs. Lowenstein and Ballew (*Canad. M. A. J.*, 78: 195, 1958) in their contentions that apiol poisoning is probably more common than is generally realized and that there is no justification for the continued use and availability of such preparations as are in question.

We witnessed the death of a young woman in May 1957, after the ingestion of capsules of Ergoapiol in an attempt, successful but fatal, to induce abortion. Our patient showed a bleeding tendency associated with thrombocytopenia and an anæmia partly due to blood loss and partly on a hæmolytic basis. There was methæmoglobin in the urine which was abundant and of low specific gravity.

There ensued a period in which nitrogen retention was progressive and we assumed that renal tubular necrosis had taken place, an assumption confirmed at autopsy. Evidence of recovery of tubular function unfortunately was soon followed by her entering an intractable hypotensive state; we suspected Sheehan's syndrome of hypopituitarism, but we were unable to prove this biochemically and the final evidence for or against this suggestion was denied us, as the brain post mortem was not made available for study.

During the terminal phase of persistent "shock" she eviscerated through the abdominal incision made shortly after admission because hysterectomy was deemed necessary to control exsanguinating hæmorrhage. At autopsy there was some evidence of peritonitis and pericholangitis.

This brief sketch of the case requires no further amplification here, as other details were in keeping with the extensive data presented by Dr. Lowenstein and his colleague. From the beginning we, of course, suspected an abortifacient poison, but the patient would give us no information until she made a confession only a matter of hours before her death. We saw no signs of polyneuritis, and likely the apiol contained no triorthocresyl phosphate in contrast to earlier preparations. Whether, then, to blame the apiol or to consider oil of savin (oleum sabinæ, B.P.C.) as partially or mainly responsible for the various manifestations is a question of interest. Oil of savin is

Canad. M. A. J.
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described as a violent irritant, an emmenagogue and abortifacient which may cause hæmaturia and gastro-intestinal irritation.

Apiol preparations have no legitimate use of importance in therapeutics, and the dangers associated with their employment, especially in the haphazard and unrestricted dosages of attempts at abortion, have provoked legislation making such preparations available for sale on prescription only. It is common knowledge that this regulation is being flouted.

So that some idea may be obtained of the frequency of these tragic episodes, it might be well if others aware of similar cases were to communicate their experiences. In this way material might accumulate sufficient to impress the responsible authorities, who might then take the appropriate steps to enforce the law.

LOUIS J. QUINN, M.D.
CECIL HARRIS, M.D.
GUY E. JORON, M.D.

St. Mary's Hospital,
3830 Lacombe Avenue,
Montreal 26, Quebec,
March 10, 1958.

MANAGEMENT OF PRURITUS ANI

To the Editor:

In the March 1 number of the *Journal* is an article entitled "Management of Pruritus Ani" by A. K. Roy. The American Proctologic Society of which I am a member considers this syndrome entirely a proctologic problem. Most of us specializing in proctology would be happy if we never saw another case of this. The large proportion of patients with this malady have been through a list of patent medicines advertised in the press and many have been seen by a dermatologist. These are not primarily neurologic cases; they only become neuropathic from the continuous, sometimes agonizing irritation which often has been stimulated by x-ray treatment by dermatologists, many of whom do not possess an anal speculum and wouldn't know how to use it if they had one. Gabriel, of St. Mark's in London, states that about 80% of night scratchers have worms. I can agree with that statement. Many patients have consulted me after being through the hands of a skin specialist and I have found many embryos present; a couple of weeks' treatment cures the pruritus.

Aside from the importance of cleanliness, all anal canal pathology must be taken care of by someone who understands the treatment. Chocolate is the great offender in my experience as far as diet is concerned; honey, peanuts and peanut butter are also frequent causes of pruritus.

This is a proctologist's problem and is often the subject for discussion at meetings devoted to proctology both in America and London.

F. B. BOWMAN, M.D., F.R.C.P.

The Medical Arts Building,
Hamilton, Ont.,
March 7, 1958.

ABSTRACTS *from current literature*

MEDICINE

Diffuse Interstitial Pulmonary Fibrosis (Hamman-Rich Syndrome) in an Allergic Patient.

L. TUFT AND L. S. GIRSH: *Am. J. M. Sc.*, 235: 60, 1958.

A case of diffuse interstitial pulmonary fibrosis (Hamman-Rich syndrome), confirmed by lung biopsy, occurred in a patient with a personal and family history of allergy. Continued prednisone therapy for a period of 20 months resulted in marked symptomatic relief with coincident improvement in arterial oxygen saturation and slight, although definite, improvement in the roentgenographic picture. The possibility that this disease might represent a reaction of drug allergy has been considered but could not be substantiated in this patient; however, the patient had a history of continued inhalation of irritating fumes for a period of at least two years before the onset of her symptoms, which must be considered as a possible etiologic factor in such a susceptible patient.

S. J. SHANE

Standard Two-Hour Oral Glucose Tolerance Test in Diagnosis of Diabetes Mellitus in Subjects without Fasting Hyperglycæmia.

R. H. UNGER: *Ann. Int. Med.*, 47: 1138, 1957.

Two-hour oral glucose tolerance tests were performed in 152 presumably normal subjects, whose blood sugar was below 130 mg. % within 1½ hours of a meal. In 54.6% of these tests, the blood sugar levels at two hours exceeded the widely accepted standard of normal, 100 mg. %, and in 39.4% this standard was exceeded by more than 10%.

Analysis of age, weight and antecedent carbohydrate intake failed to show that these factors were responsible for the high prevalence of "abnormal" results. Duplicate two-hour oral glucose tolerance tests performed in the same persons under similar circumstances demonstrated that variations in two-hour blood sugar levels were not unusual.

It is concluded that the test, as commonly performed and interpreted, is variable, and that in persons with normal fasting blood sugar levels modest elevations of the two-hour specimen are not specific for diabetes mellitus.

S. J. SHANE

Pulmonary Arteriovenous Fistulas of Medical Basal Segment of Lower Lobe: Absence of Vascular Bruits.

I. STEINBERG: *Dis. Chest*, 33: 86, 1958.

Two elderly women were discovered, on routine roentgenography of the chest, to have a series of rounded densities with vascular hilar connections located in the medial basal segment of the right lower lobe. Despite the absence of a vascular bruit, angiocardiography was recommended and established the diagnosis of pulmonary arteriovenous fistulas.

Anatomic study of the pulmonary segments discloses that the medial basal segment of the right lower lobe lies deep within the thorax and that disease in this area is inaudible with the stethoscope. Thus a series of rounded densities at the right base that appear to have vascular connections with the right hilus should arouse suspicion of being of vascular origin. Angiocardiography is recommended for diagnosis. If no contraindications exist, surgical excision even in elderly asymptomatic persons is advised.

S. J. SHANE